

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	-				
2						
3						
4	1					
5	1					
6	t					
7	1	-				
8						
9		1				
10		1				
11						
12	1	-				
13						
14						
15						
16		1				
17		1				
18						
19						
20	1					
21	1					
22	1					
23		2				
24		2				
25	1					
26		1				
27		2				
28		2				
29	1	-				
30		1				
31		2				
32		1				
33		1				
34	1					
35						
36	1					
37		1				
38	1					
39						
40	1					
41						
42	1					
43						
44						
45	1					
46	1					
47						
48	1					
49						
50						
TOTAL IND.	7					
TOTAL DEP.	12					
TOTAL CLAIMS	17					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58	1					
59						
60						
61						
62						
63						
64	1					
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	24					
TOTAL DEP.	6					
TOTAL CLAIMS	30					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS